



28398

Docket No. 1303 DIV CON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: James F. McGuckin, Jr.

Serial No.: 09/982,539

Art Unit:

Filed: 10/18/01

Examiner:

For: Surgical Biopsy Device

Assistant Commissioner For Patents
Washington, D.C. 20231

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FEB 21 2003

TECHNOLOGY CENTER H3700

CERTIFICATE OF MAILING

Date of Deposit: 1/23/03

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal Sheet
- ☒ Return postcard

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are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Asst. Commissioner for Patents, Washington, D.C. 20231.

Neil Gershon
Rex Medical
2023 Summer Street
Suite 2
Stamford, CT 06905
203 348-0377



Docket No. 1303DIVCON

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James F. McGuckin, Jr.

Examiner:

Group Art Unit:

Serial No: 09/982,539

Filed: 10/18/01

For: Surgical Biopsy Device

AMENDMENT FEE TRANSMITTAL **RECEIVED**

FEB 21 2003

ASST. COMMISSIONER FOR PATENTS
Washington, D. C. 20231

TECHNOLOGY CENTER R370

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☐ No additional fee is required.

☒ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments			Rate Extra	Additional Fee
Total Claims*	32	-	25	=	7	x \$9.00	\$ 63.00
Independent Claims	6	-	4	=	2	x \$42.00	\$ 84.00
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$270.00 to additional fee.)						\$ <u>0.00</u>
	Total:						\$ 147.00

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. §1.75(c).

☒ Charge the fee of \$ 147.00 to Deposit Account No. 501567
TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.

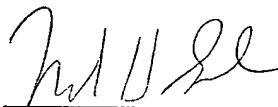
- [x] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.
- [] Pursuant to 37 C.F.R. §1.48(b) an Amendment and Petition to Delete Inventor(s) is enclosed.

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a):
[please check one]

1. [] Is enclosed herewith.
2. [x] Is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted.

Dated: 1/23/03

By: 

Neil D. Gershon
Reg. No. 32,225
Attorney for Applicant

Rex Medical
2023 Summer St.
Suite 2
Stamford, CT. 06905
(203) 348-0377